CHAPTER 4. APPROVAL OF MEDCASE/SUPERCEEP REQUIREMENTS

4-1. INTRODUCTION

a. General. All MEDCASE/SuperCEEP program requirements must be approved for propriety. The level of approval is determined by the unit price of the requirement. The USAMEDCOM, the RMCs, MSCs, or the USAMMA retains the prerogative to review and override approvals on an exception basis.

(1) MEDCASE/SuperCEEP requirements will be evaluated based upon MEDCASE/SuperCEEP program eligibility, adequacy of justification and documentation, and the capabilities and mission requirements of the requesting activity. MEDCASE/SuperCEEP requirements that are determined to be ineligible for the MEDCASE/SuperCEEP program, insufficiently justified or documented, or are determined to be beyond the capability and mission of the requesting activity shall be disapproved.

(2) The review of MEDCASE/SuperCEEP requirements shall include an evaluation of administrative accuracy to include the proper completion of the DA Forms 5027-R/5028-R, the use of a proper nomenclature, and the assignment of an appropriate IDC. Requirements that are not administratively correct will not be approved.

(3) If your facility had a TARA visit within the last 4 years, no TCA, detailed justification, or MEDCASE/SuperCEEP package is required.

b. Approval Versus Funding. The determination of MEDCASE/SuperCEEP program approval is made based upon propriety of need and not related to the present or the anticipated availability of funding. Approved MEDCASE/SuperCEEP requirements constitute a database against which funding may be applied based upon AMEDD, command and activity priorities.

c. Resubmission of Disapproved Requirements. Requirements that have been disapproved by the USAMEDCOM, RMC, MSC or USAMMA may be resubmitted. They will be resubmitted using the same ACN within 120 days after the disapproval action code is entered into the WebMRE system. (After 120 days, the ACN becomes inactive in WebMRE and will not be reinstated. Requirements may be resubmitted with a newly assigned ACN.) Resubmissions must address the reasons for which the requirement was disapproved. Correspondence regarding the disapproval and the actions or additional information provided by the activity become part of the requirement documentation and should be forwarded with the resubmission.

d. MEDCASE/SuperCEEP Nonmedical Requirements. MEDCASE-eligible commercial-type non-medical equipment ($250,000 and greater) and SuperCEEP-eligible commercial-type non-medical equipment (equal to or greater than $100,000 and less than $249,999) must be submitted for USAMEDCOM "type classification exemption" and approval for inclusion in the TDA.

4-2. ACTIVITY/RMC/MSC COMMANDER REVIEW AND APPROVAL

a. General. Activity/RMC/MSC Commanders review, approve or disapprove all MEDCASE/SuperCEEP requirements that originate within their activity. This authority will not be delegated.

b. Evaluation and Approval. The Activity/RMC/MSC Commander will:

(1) Evaluate and conduct a functional review of each requirement and approve or disapprove based on propriety need.

(2) Forward all requirements to USAMMA (as applicable) for coordination and final approval/disapproval.

c. Redistribution of RMC Assets. All RMCs may direct the redistribution of excess assets within their RMC to meet validated MEDCASE/SuperCEEP requirements, as appropriate.

d. Non-medical Requirements. Commands will process requirements for non-medical items of equipment for type classification exemption and TDA approval in accordance with AR 71-32.

e. Command-Processing Objectives. All RMCs should use an average of 21 working days as an objective for processing MEDCASE/SuperCEEP requirements from the date received to the date forwarded to the USAMMA.

4-3. USAMEDCOM/OTSG CONSULTANT REVIEW AND APPROVAL

a. The USAMEDCOM/OTSG Consultants review and approve or disapprove all non-diagnostic imaging RMC/MSC-approved DA Forms 5027-R/5028-R which have a unit cost of $100,000 or more. The TARA team reviews and approves or disapproves all diagnostic imaging RMC/MSC-approved DA Forms 5027-R/5028-R with a unit cost of $100,000 or more.

b. The USAMMA receives and reviews all requirements submitted for the consultant approval. The USAMMA is responsible for the requirements database.

(1) The USAMMA ensures that MEDCASE/SuperCEEP requirements are ready for functional review and final approval/disapproval with respect to program eligibility and adequacy. Requirements that are not MEDCASE/SuperCEEP-eligible will be disapproved. Requirements which are not correct or do not have sufficient information or documentation for the functional consultant's review will either be disapproved or have the deficiency resolved. When necessary, the USAMMA will provide administrative comments on the requirement transmittal to enhance packet for consultant review.

(2) The USAMMA posts the action codes (see table 4-1) assigned by the consultant to the WebMRE system. The USAMMA will notify activities and commands of disapproval action. Activities must query the WebMRE system for requirement status.

(3) The USAMMA will maintain a record copy of approved or disapproved DA Forms 5027-R/5028-R by the functional consultant representative.

4-4. MEDCASE/SUPERCEEP ACTION CODES

a. Action Codes. The MEDCASE/SuperCEEP action code reflects approval or disapproval action taken by the TARA or the OTSG clinical consultant. Only requirements that are assigned a "1A" approval action code are approved requirements and may await future funding through the MEDCASE/SuperCEEP program (see table 4-1).

(1) MEDCASE/SuperCEEP participants must closely monitor the approval status of requirements that have been submitted for MEDCOM/OTSG clinical consultant review.

(2) MEDCASE/SuperCEEP action codes reflect approval/disapproval status only, and do not relate to the funding status of a requirement or to the availability of funds for a requirement.

b. Explanation. The MEDCASE/SuperCEEP action code is a two-character data element. With the exception of the action codes 5A, 5M, and 4M, which are deferral codes to indicate special administrative processing; MEDCASE/SuperCEEP action codes reflect either approval or disapproval. The alpha character indicates either the reason for disapproval or qualifies an approval.

4-5. EXPIRATION OF UNFUNDED MEDCASE/SUPERCEEP REQUIREMENTS

a. Approved Requirements. Approved (1A) unfunded MEDCASE (BLIC CF, DA, PC and UR) requirements remain active for 3 FYs. MEDCASE MILCON (BLIC MB) requirements remain active for 5 FYs.

> Example: **MEDCASE** requirement with a fiscal year of “06” in the ACN will remain active until 30 September 2008.
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> Example: **MILCON** requirements with a fiscal year of “06” in the ACN will remain active until 30 September 2010.

At the end of 3 or 5 FYs, whichever is applicable, remaining unfunded requirements will be automatically purged from the AMEDD central database (WebMRE) at the USAMMA. These requirements will no longer be available for execution. In the case where a site generated requirement expires and there is still a valid need, action should be initiated by the activity to resubmit the documentation with a new ACN. The TARA will revalidate and assign a new ACN, if applicable, for all unfunded TARA generated requirements. Approved SuperCEEP funding is only active for 1 year.

> Example: SuperCEEP requirement with a fiscal year of “06” in the ACN will remain active until 30 September 2006.

b. Disapproved Requirements. The USAMMA will purge all disapproved or rejected MEDCASE/SuperCEEP requirements from the central database 120 days from date of disapproval action, unless action is taken by the activity to re-justify the requirement or comply with consultant instructions. Resubmission after 120 days requires a new ACN and TARA and/or OTSG consultant approval.

c. Certification of Active Requirements. Approved MEDCASE/SuperCEEP requirements remain active for obligation purposes until they are executed or expire. Activities must periodically review their approved unfunded MEDCASE/SuperCEEP requirements, validate prices, and delete requirements that are no longer needed.

TABLE 4-1. MEDCASE/SUPERCEEP ACTION CODES

ACTION CODE		DEFINITION
RMC/ MSC	Clinical Consultant	
	5A	Receipt confirmation, by the USAMMA, of DMLSS interface from submitting activity.
	5M	The WebMRE system was pre-loaded with a requirement resulting from a TARA visit. 1A action code will be assigned after approval from the activity and RMC commanders. This code is only assigned by USAMMA.
	1A	Non-TARA generated: approved by the MEDCOM/OTSG clinical consultant. TARA generated: Concurrence w/ TARA recommendations from activity and RMC commanders.
	4M	Requirement is receiving special administrative reviews prior to assignment of a final 4P command approval. No further action required by originator.
	4P	Awaiting MEDCOM/OTSG consultant approval/disapproval.
	4T	TARA transmittal sent to site and region for concurrence.
	3B	Disapproved. Item is beyond your mission requirements.
	3C	Disapproved. Justification for requested equipment is inadequate. Submit additional justification.
	3D	Disapproved. Documentation required was not submitted with DA Forms 5027-R/5028-R. Resubmit with complete documentation.
	3E	Disapproved. Professional personnel are not currently authorized/ assigned to your activity with qualifications to operate this equipment.
	3F	Disapproved. Communication (meeting/conversation/note/letter) has or will indicate reason for disapproval.
	3G	Disapproved. Incorrect IDC was assigned.
	3H	Disapproved. Equipment requested is not eligible for the MEDCASE/SuperCEEP program.
	3R	Disapproved. Rejected for administrative reasons. Communication (meeting/conversation/note/letter) has or will indicate reason.